Canadian Labour and Business Centre
Centre syndical et patronal du Canada

Twelve Case Studies on Innovative Workplace Health Initiatives

Summary of Key Conclusions

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TWELVE CASE STUDIES ON INNOVATIVE WORKPLACE HEALTH INITIATIVES

SUMMARY OF KEY CONCLUSIONS

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EXECUTIVE SUMMARY

Introduction

As a joint business-labour organization, the Canadian Labour and Business Centre (CLBC) recognizes that workplace safety, health and wellness can make a fundamental contribution to the objectives and priorities of both constituencies. The CLBC therefore undertook a project to document and analyze the innovative healthy workplace practices of twelve Canadian organizations, in order to promote workplace health more broadly within the management and labour communities and encourage other workplaces to undertake similar initiatives.

The CLBC research focused on those initiatives which affected the workplace physical environment (safety, ergonomics, etc.); health practices (supporting healthy lifestyles); and social environment and personal resources (organizational culture, a sense of control over one's work, etc.). Researchers explored the motivations behind these initiatives; the role of management and workers/unions in developing and maintaining them; the relationship between the initiatives and the organization's 'business strategy'; and the impact of the initiatives on employee health and workplace performance.

The research concluded that in the view of the studied workplaces, workplace health pays. All the workplaces pointed to benefits, either in terms of employee health indicators or in terms of workplace performance and 'bottom line' indicators. While the indicators varied in terms of their focus and formality, they were sufficient to convince management to continue with their workplace health activities.

As the CEO of one health sector workplace pointed out,

> ***"You cannot separate out staff well-being from client/patient satisfaction".***

I. The Case Study Process

Organi ations that participated in the studies were drawn from six provinces, varied in size from 30 to 7,300 employees, reflected public and private sector organizations ranging from hospitals to steelmakers, and included both unionized and non-unionized workplaces. This deliberate variety met an objective of the study, which was to explore the form which workplace health initiatives took in vastly different types of workplaces and try to derive common features of these. Data were gathered through on-site interviews and a review of relevant documents. At each site, interviews were conducted with both managers and union/worker representatives.

II. What Workplace Health Initiatives Did the Organizations Put in Place?

Overall, the organizations studied implemented a wide range of workplace health activities.

Virtually all these workplaces, and manufacturing/processing workplaces in particular, featured traditional and ***legally required health and safety initiatives***. In addition, in the

great majority of cases, workplaces of all types paid considerable attention to ergonomic issues of various kinds.

Virtually every studied workplace presented ***initiatives aimed at improving employees' health, lifestyles, and fitness***. In fact, every workplace either subsidized employees' memberships in an off-site gym or fitness club, or had such a facility on site. The largest workplaces had the broadest array of health/wellness programs. It is evident that small firms' size would limit the number of potential participants in such programs, making it difficult and expensive to organize and maintain them.

The studied organizations all featured specific programs such as Employee/Family Assistance Programs to ***help employees deal with stress***, drug addiction, workplace conflicts, family issues, etc. Many organizations, however, had gone further, and had taken steps to 'defuse' the workplace-based sources of stress, through initiatives which aimed to improve two-way communication, flexible work hours, and a constant responsiveness to issues affecting employee morale.

III. Why did the Organizations Introduce a Workplace Health Initiative?

For many organizations, the workplace health initiative had come about following a crisis of some sort. The research uncovered crises of finances, labour-management relations, worker morale, and safety, among others, which led workplace parties to recognize that they had to fundamentally change their attitude to their workers' well-being.

In other cases, wellness programs were deliberately designed to reflect the philosophy of the organization's leadership. In these cases, owners/managers believed that healthy workplace initiatives helped to achieve business objectives through creating a positive work environment, fostering employee loyalty, enhancing employee satisfaction and retention, and helping to attract skilled employees.

IV. What Impact did the Initiative Have on Employee Health and Workplace Performance?

All of the workplaces studied sought to measure the impact of their workplace health initiative on employee health and/or workplace performance. Most also acknowledged that it was virtually impossible to causally link particular workplace impacts to specific workplace health initiatives; there were simply too many other factors at work. Nevertheless, all workplaces correlated trends in workplace health or workplace performance indicators to the introduction and development of workplace health initiatives.

What Measures Were Used to Assess Impacts?

Workplaces used a wide array of measures to monitor and assess the impact of their workplace health initiative on both employee health and workplace performance. The smallest workplaces used the fewest formal measures. The individual categories of impact measures were as follows:

- *Individual employee health measures*

Most of the larger organizations surveyed the participants in their wellness programs and monitored program statistics such as weight lost, numbers who stopped smoking, etc. Because the smallest organizations had the least formal programs, they also followed up least formally on individual employee participation or progress. Several workplaces had begun their programs with an initial workplace health audit or health risk appraisal of participating employees. This would act as a baseline for future measurement.

- *Aggregate workplace safety/health measures*

Virtually all workplaces monitored absenteeism data, Workers' Compensation Board (WCB) costs, sick leave days and absenteeism rates. In addition, the majority of the largest workplaces conducted employee surveys which probed satisfaction levels, morale, etc. Smaller workplaces conducted fewer formal survey-based assessments of employee satisfaction, possibly because more informal means of assessing employee mood were available to them due to their small size.

- *Measures of workplace performance*

Arguably, the record of the studied workplaces was least consistent in the area of measuring the links between workplace health and workplace performance. Several, in fact, had not yet devoted significant attention to examining their initiatives' impact on overall performance. For others, the measures used were relatively few and sometimes fairly rudimentary.

The most consistently used indicator of the workplace health/workplace performance link was employee turnover rates. Beyond this measure, many different indicators were used, which included cost, productivity or profitability trends; client satisfaction surveys; or grievance and arbitration costs. Several workplaces monitored their rankings in external sources, such as being among the 'Top 25' companies, etc.

What Impacts Did These Measures Demonstrate?

Most workplaces could point to improvements in *individual employee health measures* and *aggregate workplace safety and health measures*, described above, over the course of developing and implementing their workplace health initiatives. Thus, for example, many workplaces demonstrated the significant decline in WCB and absenteeism costs that had occurred in parallel with their workplace health initiatives, and drew a relationship between them. Of course, not all of these measures showed positive trends in every workplace, and exceptions were being investigated further within the workplaces themselves.

In using *measures of workplace performance* to demonstrate the impact of workplace health on 'the bottom line', the workplaces were hampered by the number of conflicting factors that could interfere with this relationship. Nevertheless, representatives of virtually every workplace could point to work performance improvements which, in their view, were enhanced by their workplace health initiative. As noted, many of these indicators were internal (costs, productivity), while some were external (recognition for excellence by other

organizations). Many were formal (employee satisfaction surveys) while some were informal (turnover calculations in small firms).

Workplaces appeared comfortable with the measures they had developed. Few were investing heavily in perfecting more accurate measures in an effort to prove unquestionably the link between workplace wellness and workplace performance. For many of these organizations, it appeared that the 'business case' for workplace health had been sufficiently made, in their minds, and did not need to be constantly (and expensively) re-proven.

In addition to anticipated impacts, workplace health programs often produced unanticipated impacts which were usually, but not always, positive. In several workplaces, for example, both management and employee representatives noted that the workplace health initiatives had enhanced the self-confidence or self-worth of those employees who were involved in developing the initiatives themselves. Others noted that the workplace health initiatives had contributed to improved workplace morale, greater company loyalty, and stronger social relationships among workers, even away from work.

On the other hand, in several workplaces there were concerns that for various reasons, some employees, such as those on night shifts, had more difficulty accessing the workplace health programs and facilities than others. Many management representatives also commented on the enormous amount of time required to successfully mount, communicate and maintain their workplace health initiatives.

V. What Did We Learn From the Cases About the Process of Setting Up These Initiatives?

a) *Senior Leadership Involvement is Crucial*

Without exception, the featured workplaces were characterized by a strong leadership presence and explicit support for the workplace health initiatives. Leadership legitimized safety and wellness practices, aligned safety and wellness with the organization's strategic objectives, and ensured adequate resources available for these initiatives.

b) *Employee Participation is Essential*

In all of the organizations studied, employee involvement was critical to the wellness initiatives, particularly when employees were involved in identifying the need for specific initiatives, designing and implementing them, and monitoring their impact. In all unionized workplaces, the support of the union for the workplace health initiatives was also essential, although there was a variation in the formality with which unions participated in wellness and other committees.

c) *Workplace Size is Important*

In general, a larger size brought with it a need for a more formal organization and structure, and for the devotion of significant resources in the areas of communications and formal impact measurement. In contrast, in the small workplaces studied, the common characteristic

was the 'enlightened management style' of the firms' senior managers and owners. This gave priority to communication, worker control over the work environment, work-life balance, and 'fairness' in these workplaces. With these characteristics in place, there may simply have been less need to devote resources to formal 'wellness' programs.

VI. Conclusion

Statistically watertight conclusions cannot be drawn from this small sample of very different workplaces, nor was it the CLBC's intention to do so. Nevertheless, a number of conclusions emerged as follows:

1. In the view of the studied workplaces, workplace health pays;

2. Workplace health need not be the exclusive preserve of large organizations;

3. Workplace health must be an integral part of the organization's business strategy, rather than a 'nice-to-have' add-on;

4. Employee participation, with the involvement of unions, if present, is critical, but employees are much more than 'program participants';

5. Impacts take time to be seen and recorded;

6. Monitoring and measurement of impact is critical to the sustainability of the initiatives;

7. There is no absolute standard or requirement on what constitutes 'acceptable' impact indicators;

8. While the workplace health issues facing public and private sector workplaces, and their responses, did not differ markedly, they did in the array of workplace performance indicators at their disposal in assessing the impacts of their initiatives;

9. Workplace health and good overall management are essentially inseparable.

SUMMARY PAPER

I. Introduction

"You cannot separate out staff well-being from client/patient satisfaction".

This statement, from the CEO of the *Moose Jaw-Thunder Creek Health District*, summarizes what is perhaps the key conclusion from the case studies on healthy workplaces recently conducted by the Canadian Labour and Business Centre (CLBC). For the workplaces studied in this project, the link between employee health and wellness and workplace performance is very strong.

As a joint business-labour organization, the CLBC has recognized that workplace safety, health and wellness can make a fundamental contribution to the objectives and priorities of both constituencies.

- In terms of business or financial goals, workplace health can translate into improved cost and productivity performance, and enhanced competitiveness. In a period of increasing concern over skill shortages, it can also help an organization to become an 'employer of choice', enhancing its ability to recruit and retain employees.
- In terms of 'human' goals, workplace health initiatives can contribute to improved health, fitness, work-life balance and morale, as well as lower levels of stress and fewer injuries.

Although the business/financial goals, above, are often seen as the priority of employers while unions and employees look to the 'human' goals, it must be recognized that both employers and workers benefit from the attainment of these two sets of goals.

Yet only a minority of Canadian employers are actively involved in wellness programs; a recent survey found that only 17.5 per cent of the responding employers offered what the survey termed a 'comprehensive wellness program'[1]. The survey report drew the following conclusion:[2]

> "Based on the survey results, it is quite clear that wellness is in its infancy in Canada and far too many employers are doing too little when it comes to employee wellness and health promotion. Many Canadian employers have yet to grasp that in a knowledge-based economy, employees are an organization's most valuable asset."

CLBC's Viewpoints 2002 Survey of management and labour leaders added a further dimension to this, noting that it is the largest organizations which report the widest array of workplace wellness initiatives. The majority of organizations with fewer than 30 employees offered none of the wellness programs listed in the survey.[3]

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1 Buffett Taylor & Associates, National Wellness Survey Report 2000, page 2.
2 Ibid, Executive Summary, page 2
3 Canadian Labour and Business Centre, Viewpoints 2002, Ottawa

Reflecting the potential for workplace health to benefit both organizations and workers, together with the sense that workplaces are moving only slowly to implement workplace health initiatives, the CLBC undertook a project to document, analyze and promote innovative healthy workplace practices. The project took the form of a series of case studies which focused on a group of 12 workplaces which differed in terms of location, size, sector, and union/non-union status. By looking at these innovative practices, the CLBC sought to understand more clearly:

- What workplace health initiatives were introduced by these organizations;
- Why and how these organizations introduced and maintained these initiatives;
- How the impacts of these initiatives were assessed; and
- What they perceive the benefits to be.

By documenting and publicizing these experiences, the CLBC aimed to promote workplace health more broadly within the management and labour communities and encourage other workplaces to undertake similar initiatives.

This document summarizes the findings from these case studies.

II. Workplace Health Initiatives – The CLBC's Considerations

In investigating the workplace wellness initiatives of the featured workplaces, the CLBC focused specifically on a number of key features of the initiatives, and of the workplaces themselves. These were strongly informed by the *Canadian Healthy Workplace Criteria*[4] used by the National Quality Institute in its Canadian Healthy Workplace Award.

The CLBC was interested in initiatives which affected:

- The physical environment (safety, ergonomics, etc.)
- Health practices (supporting healthy lifestyles);
- The social environment and personal resources (organizational culture, a sense of control over one's work, etc.)

In addition, however, the CLBC sought to explore:

- The motivations behind the introduction of these initiatives;
- The role of management and workers/unions in developing and maintaining these initiatives;
- The relationship between the initiatives and the organization's 'business strategy';
- The impacts of the initiatives on employee health and workplace performance, and how these impacts are assessed.

The resulting research, therefore, sought not just to document the wellness initiatives themselves, but to situate them within the workplace and clarify their contribution to the organization's overall culture and performance.

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[4] National Quality Institute, Canadian Healthy Workplace Criteria, Toronto, 1998

III. The Case Study Process

The organizations that participated in the studies are identified in **Table 1** below. They were deliberately selected to provide as broad as possible a variety in terms of size, location, sector, and union/non-union status. This variety reflected a deliberate objective of the study, which was to explore the form which workplace health initiatives took in vastly different types of workplaces and try to derive common features of these.

This variety was thus a defining feature of the project. The workplaces were located in six different provinces, and varied in size from 30 to 7,300 employees. They included both public and private sector organizations in industries which included steelmaking, financial services, airports and hospitals. They were both unionized and non-unionized. A further selection criterion focused on the innovative features of their workplace health initiatives and the extent to which they met the CLBC considerations described above. It is clear from the table that no two workplaces are alike.

Table 1: Organizations Studied in CLBC Workplace Health Case Studies

Organization	Location	Number of Employees	Sector	Unionization/ Non-unionization
Irving Paper Ltd.	Saint John, New Brunswick	375	Private	Unionized
Rideau Construction Inc.	Bedford, Nova Scotia	54	Private	Non-unionized
Dofasco Inc.	Hamilton, Ontario	7,300	Private	Non-unionized
American Express Canada	Markham, Ontario	3,700	Private	Non-unionized
Seven Oaks General Hospital	Winnipeg, Manitoba	1,365	Public	Unionized
City of Regina Transit Department	Regina, Saskatchewan	220	Public	Unionized
Moose Jaw -Thunder Creek Health District	Moose Jaw, Saskatchewan	1,500	Public	Unionized
Pazmac Enterprises Ltd.	Langley, B.C.	30	Private	Non-unionized
Vancouver International Airport Authority	Vancouver, B.C.	300	Not-for-profit	Unionized
Petro Canada Burrard Products Terminal	Port Moody, B.C.	120	Private	Unionized
Vancouver Shipyards	Vancouver, B.C.	300	Private	Unionized
QLT Inc.	Vancouver, B.C.	300	Private	Non-union

The data-gathering was done through on-site interviews and by reviewing documents obtained during the course of these visits. Information was compiled on the following questions related to workplaces' health/wellness initiatives:

- What wellness initiatives were undertaken?
- Why did the organization set up the program?
- What was the relationship between the organization's business strategy and its healthy workplace effort?
- Through what process were the initiatives started?
- How did senior management demonstrate its commitment to employee health?
- How were employees involved in healthy workplace decision-making?
- To what extent did employees participate in wellness activities?
- What were the impacts of healthy workplace initiatives?
- Are there areas for program improvement?
- What lessons were learned?

It is clear from these points that the focus of the case studies was as much on the ***process*** by which initiatives were put in place and maintained as on the ***content*** of the initiatives themselves.

Similarly, to be both credible and comprehensive, it was essential to secure within each workplace a variety of different viewpoints on the wellness initiatives themselves and their impacts. At each site, therefore, interviews were conducted at four different levels within the organization, including:

- Program managers directly responsible for the wellness initiatives;
- Senior managers who could provide information on the organization's business strategy and the role of the healthy workplace program in making the strategy work;
- Local union leaders, where a union was present, or lead employees, where it was not;
- 'Shop-floor' employees, who actually participated in the wellness programs.

IV. What Workplace Health Initiatives Did the Organizations Put in Place?

Overall, the twelve organizations studied undertook a wide range of workplace health activities. These can be grouped into three categories, as follows:

a) *Initiatives pertaining to the physical work environment*, including safety/cleanliness, air quality, ergonomics, health and safety committees, etc.;

b) *Initiatives that promote the physical health of the employee*, including fitness, smoking cessation, nutrition, lifestyle information/encouragement, etc.;

c) *Initiatives that address employees' mental health, stress levels, and other 'psycho-social' concerns,* including work/family balance, work organization, stress reduction, etc.

These categories are not mutually exclusive. For instance, efforts to improve the physical work environment can also address psycho-social issues, and physical exercise can help to reduce stress. Similarly, activities which reduce worker tension and anxiety may contribute to greater worker interest in improving physical fitness. Nevertheless, these categories provide a helpful framework with which to view and organize workplaces' initiatives.

Table 2 below provides an overview of the initiatives in these three categories in the cases studied, and highlights particular notable features of the approach at individual workplaces. All of the studied cases featured initiatives in all three categories. A brief commentary on each of these categories follows the table.

Table 2: Summary of Workplace Safety, Health and Wellness Initiatives
(Workplaces listed in declining order of size)

Organization and Number of Employees	Physical Environment	Health Practices	Psychological and Social Environment
Dofasco Inc. (7,300)	Highly structured H&S focus; senior-level Health and Safety Council	Firm-owned fitness and recreation centre; programs for smoking cessation, weight loss, nutrition, exercise	Employee Assistance Program
American Express Canada (3,700)	Use of ergonomically sound workstations	On-site fitness centre; programs for smoking cessation, weight loss, nutrition, exercise	Employee Assistance Program; Annual Employee Satisfaction Survey and action plan follow-up; employee focus groups
Moose Jaw -Thunder Creek Health District (1,500)	"Zero-lift program" and use of mechanical devices to do patient lifting; ergonomics assessments from part-time ergonomics consultant	Gym membership subsidy; programs for smoking cessation, weight loss, nutrition, exercise	Employee/Family Assistance Program; annual awards program
Seven Oaks General Hospital (1,365)	Return to Work program	On-site fitness centre; programs for smoking cessation, weight loss, nutrition, exercise	Development of 'culture of respect'; emphasis on communications and improving employees' control over their work life
Irving Paper Ltd. (375)	WHMIS, heat/noise and air quality monitoring; chemical exposure monitoring; ergonomics	Gym membership subsidy; programs for smoking cessation, weight loss, nutrition, exercise	Employee Assistance Program
QLT Inc.	Ergonomically sound workstations; mandatory ergonomics training	On-site gym and fitness centre, with personal trainer; wide array of sports teams and events; encouragement to bike to work; healthy cafeteria choices	'Family Room', (last resort child care service); proactive work-life balance practices; flex-time; sabbaticals and unpaid leave arrangements

Organization and Number of Employees	Physical Environment	Health Practices	Psychological and Social Environment
Vancouver Shipyards (300)	Prevention of repetitive strain injuries; on-site kinesiologist advises on work layout, etc.	On-site gym and steam room, with personal trainer, physiotherapist, and rehabilitation specialist	Safety Awards Program; community involvement
Vancouver International Airport Authority (300)	Monitoring noise levels and providing the necessary equipment; ergonomic assessment of equipment before purchase	Gym membership subsidy and on-site fitness facility; programs for smoking cessation, weight loss, nutrition, exercise	Employee Assistance Program; stress on two-way communications; company-wide surveys; discussions with supervisor on work assignments and workload balance
City of Regina Transit Department (220)	Ergonomic bus seat design	Gym membership subsidy; programs for smoking cessation, weight loss, nutrition, exercise	Employee/Family Assistance Program
Petro-Canada Burrard Products Terminal (120)	Ergonomics Subcommittee of OSH Committee conducted ergonomic review of work practices	Gym membership subsidy; programs for smoking cessation, weight loss, nutrition, exercise	Development of culture of mutual respect; employee participation in decision-making; alternative work arrangements; informal shift-switching; stress on communications
Rideau Construction Inc. (54)	Safety Committee; WHMIS; joint H&S Committees at all sites	Gym membership subsidy	Stress on openness and trust; two-way communications during performance reviews; work-life balance initiatives; flex-time
Pazmac Enterprises Ltd. (30)	Design of entire facility stressed employee wellbeing; focus on cleanliness	On-site fitness centre	Firm-paid psychotherapist services; two-way communications during performance reviews; employee involvement

a) *Activities pertaining to the physical work environment*

Safety figured actively in the initiatives of the workplaces studied. Virtually all these workplaces, and manufacturing/processing workplaces in particular, featured traditional and legally required health and safety initiatives. These included:

- providing the necessary safety equipment,
- establishing joint Health and Safety Committees,
- incorporating the Workplace Hazardous Materials Information System (WHMIS),
- ensuring that employees receive safety training,
- reviewing safety incidents and accidents, and
- conducting regular workplace inspections.

A second notable family of initiatives focused on ergonomics. In the great majority of cases, both manufacturing/processing workplaces and those featuring primarily office or service

environments paid considerable attention to ergonomic issues of various kinds. Thus, for example:

- *Vancouver Shipyards* maintains an on-site kinesiologist to advise on work layout, posture, and procedures;
- *Petro-Canada Burrard Products Terminal* maintains an Ergonomics Subcommittee (under its Health and Safety Committee) which has organized ergonomics reviews and made ensuing changes in work practices;
- At *American Express Canada*, the Health Services Department conducts ergonomic assessments, particularly with respect to new furniture purchases;
- *City of Regina Transit Department* replaced bus drivers' seats following an ergonomic assessment of these.

In the studied firms, therefore, basic health and safety practices were not overlooked or ignored as they instituted broader wellness initiatives. Indeed, attention to basic safety and physical environment often provided a foundation for more elaborate workplace health activities and programs.

b) *Initiatives that promote the physical health of the employee*

Again, virtually every studied workplace presented some form of initiatives aimed at improving employees' health, lifestyles, and fitness. In fact, every workplace studied either subsidized employees' memberships in an off-site gym or fitness club, or had such a facility on site. Particularly noteworthy in this regard was *Pazmac Enterprises Ltd.*, which, while the smallest of the organizations studied (30 employees), nevertheless featured an on-site fitness centre containing a gym, swimming pool, and personal trainers.

The largest workplaces, in general, had the broadest array of programs. These included smoking cessation, nutrition information, and exercise and weight loss programs. In contrast, the smallest organizations, *Rideau Construction Inc.* and *Pazmac Enterprises Ltd.*, featured few formal health/lifestyle/fitness programs. It is evident that these firms' small size would limit the number of potential participants in such programs, making it difficult to organize and maintain them.

This degree of breadth and formality of initiatives constituted one of the major differences between the larger and smaller workplaces studied.

c) *Initiatives that address psychological and social concerns*

The organizations included in the series dealt with psychological and social concerns in two broad ways.

First, they put in place specific programs to help employees deal with stress, drug addiction, workplace conflicts, family issues, etc. Most prominent of these were the Employee/Family Assistance Programs established by virtually all of the larger organizations. A variety of other related programs were also set up depending on individual workplace needs and priorities, including:

- stress management courses (*City of Regina Transit Department, Dofasco Inc., QLT Inc.*);
- courses to teach relaxation techniques (*Dofasco Inc.*);
- yoga and tai chi classes (*Dofasco Inc.*);
- meditation classes (*Seven Oaks General Hospital*);
- paying the cost of a psychotherapist (*Pazmac Enterprises Ltd.*);
- massage therapy (*American Express Canada, QLT Inc.*);

Many organizations, however, recognized that these programs addressed the symptoms of psychological or social stress without necessarily addressing the sources. For many organizations, the sources of stress could be linked directly to the workplace, and reflected employees' lack of control over their work and how it was organized, their inability to balance work and family pressures, or a perceived lack of fairness in the workplace.

Thus, the research found a number of important instances where the organization had taken steps to deal directly with and 'defuse' the workplace-based sources of stress. In these workplaces, specific initiatives were introduced which featured some or all of the following:

- A high priority on two-way communication between management and employees which informed employees of the status of the business and provided them an opportunity to comment on and suggest improvements to how their work was organized and carried out;

- Flexible work hours and arrangements which allowed employees to deal with family needs and pressures;

- Organization-wide employee satisfaction surveys, accompanied by a visible senior level commitment to act on the survey recommendations;

- Sabbatical and unpaid leave arrangements to permit employees to 'recharge their creative batteries'.

Five examples illustrate these approaches, in organizations of different sizes.

- *Rideau Construction Inc.* has adopted an open approach to people management that stresses two-way communications and high levels of trust. The company practices flexible work hours and where necessary, employees have received leaves of absence with pay to deal with personal issues. Senior management personally conduct performance appraisals of every employee, and these events are seen as prime opportunities for two-way dialogue about the business and the employee's work. An employee Advisory Board is being established to look at the overall work environment. These practices, whose success is in part due to the firm's small size, are not formally labeled as 'workplace health'. Rather, they reflect the personal styles and convictions of the firm's senior management.

- Another relatively small workplace, *Petro-Canada Burrard Products Terminal*, has adopted similar practices. The workplace features a 'culture of mutual respect' which includes an 'open door' policy for access to management, employee participation in decision-making, and a stress on teamwork and fairness. Communications are well-developed, alternative work arrangements are available, and strong community involvement by employees is encouraged and supported. Many successful practices are informal, perhaps due to the small size of the workplace. These include informal shift-switching, and informal resolution of labour/management issues before they are brought to the formal labour/management committee.

- *QLT Inc.*, a medium-sized employer among those studied, permits employees to arrange unpaid leaves of absence of up to 3 months for purposes of their own. The firm also allows employees who have been with it for two years to take sabbaticals for up to a year to write or travel.

- At *Seven Oaks General Hospital,* the Material Services Department's Wellness Committee explicitly seeks to strengthen a 'culture of respect' within the department and to increase the degree of employee control over their work life. Two-way management-employee communication will be stressed, and a communications survey will be conducted.

- *Vancouver International Airport Authority* instituted 'Checkpoint Discussions' at which employees could request time with their manager to discuss career development, work assignments, balancing workloads and other issues.

d) The importance of planning

In the majority of studied workplaces, workplace safety, health and wellness plans were developed and used as a basis for programming, participant feedback, monitoring and evaluation. Most of the studied workplaces had relatively well-developed planning processes, so the importance of this dimension of workplace health might risk being underemphasized.

However, one of the workplaces, *Vancouver Shipyards*, was at a relatively early stage in developing its workplace health and safety initiatives, and had developed a new Health and Safety Management System which would guide its overall future approach. The set of principles it enunciated in this process summarize the key elements of a systematic approach to health, safety and wellness, and are a valuable reminder of the importance of such an approach. These principles were as follows:

- *Policy*: Health and safety policy and commitment statements would be prepared and signed by senior management and brought to the attention of all employees.

- *Organization:* Outlines the roles, responsibilities, and accountability among employees, committees, and management. This would include the need for two-way communication, labour/management co-operation, and adequate health and safety training.

- *Planning and Implementation*: Provides guidelines for proactive health and safety planning, setting of objectives, and internal inspections/risk assessments.

- *Measuring Performance*: Develops guidelines to determine whether and to what extent plans have been implemented and stated objectives achieved.

- *Audit and Review*: Outlines procedures for annual assessment of the Health and Safety Management System.

V. Why Did the Organizations Introduce Their Workplace Health Initiatives?

The case studies demonstrated that the rationale for initiating a wellness program is often rooted in a crisis of some sort. The crisis leads workplace parties to recognize that they must fundamentally change the way in which they do business – a step which often means that they must alter their attitude to their workers and their workers' wellbeing.

The following examples illustrate the nature of the crisis in several organizations:

- *Dofasco Inc.*'s wellness program and its renewed attention to traditional health and safety issues emerged out of its financial crisis of the early 1990s. Because of significant changes in the steel market, the company was impelled to restructure itself and adopt a new business strategy, one that emphasized employee engagement. For Dofasco, it thus became "a business imperative to have them healthy, and at work." The company was also motivated by the need "to contain the growing cost of health benefits", by the aging of its work force and by the substantial lost-time costs of smoking and obesity.

- At *Irving Paper* Ltd. in the late 1980s and early 1990s, labour-management relations had deteriorated considerably. Walkouts were common and grievances were a weekly occurrence. Relations reached their lowest point in 1990-91 with the eruption of a bitter and prolonged strike over issues of contracting-out and flexible work arrangements. In the wake of the strike, both union and management acknowledged that they "had to find a different way of doing things." Both sides found health and safety to be something they could agree on. The process of developing and implementing healthy workplace initiatives became the foundation for better communications and the re-construction of trust relations.

- For *Moose Jaw – Thunder Creek Health District, Vancouver International Airport Authority,* and the *City of Regina Transit Department*, a crisis had not emerged but managers did have serious concerns about such workplace issues as the growing number of injuries, increasing absenteeism rates, and declining employee morale, or workload/stress concerns. These became serious enough to warrant a new and concerted focus on workplace wellness.

- At *Vancouver Shipyards,* the crisis took the form of critically high levels of workplace accident and injury, and escalating WCB premiums and penalties. In response, the company introduced a comprehensive safety management system and

pro-active wellness activities aimed at improving the firm's occupational safety record.

The case studies showed, too, that wellness programs sometimes have their origins not in a crisis but in the philosophy of the organization's leadership and through more direct links to the business strategy. In these cases, owners and managers believe that healthy workplace initiatives help to create a positive work environment, foster employee loyalty, contribute to employee satisfaction and retention, and help to attract skilled employees. They deliberately set out, as a result, to introduce a workplace health regime which directly contributes to these organizational objectives. Examples of this approach include the following:

- *Seven Oaks General Hospital* saw an opportunity to be a wellness role model for the community. It used its Wellness Institute as a key instrument in beginning to build a wellness program among the hospital's own staff;

- *American Express Canada Inc.*, sought explicitly to be recognized as a 'Top 25 in Canada" employer, and instituted a wellness approach designed to help achieve this objective.

- *QLT Inc.* reflected the values of its founding CEO in placing high value on the health of its employees and of the community in which it was located. This interest strongly reflected the therapeutic and health-promoting nature of its products.

The following table categorizes the broad motivations behind the wellness initiatives at the studied workplaces.

Table 3: Motivations Behind Workplace Wellness Initiatives at Studied Workplaces

Motivation	Workplaces
1. Crisis-Motivated	
Financial crisis	Dofasco Inc.
Labour-management relations crisis	Irving Pulp and Paper
Safety concerns/crisis	Vancouver Shipyards Vancouver International Airport Authority Regina City Transit Authority
Morale crisis	Moose Jaw – Thunder Creek Health District
Personal health crisis of Owner	Pazmac Enterprises
2. Business Strategy-Motivated	
	American Express Canada Inc.
	Seven Oaks General Hospital
	Rideau Construction
	Petro-Canada Burrard Products Terminal
	QLT Inc.

VI. What Impacts Did the Initiatives Have on Employee Health and Workplace Performance?

All of the workplaces studied sought to measure the impact of their workplace health initiatives on employee health and/or workplace performance. Most also acknowledged that it was virtually impossible to causally link particular workplace impacts to specific workplace health initiatives; there were simply too many other factors at work. Nevertheless, it was essential for workplaces, at a minimum, to be able to correlate trends in workplace health indicators to the introduction and development of workplace health initiatives.

What Measures Were Used to Assess Impacts?

Workplaces used a wide array of different measures to monitor and assess the impact of their workplace health initiatives. These measures focused on both employee health and workplace performance, and included both immediate 'output' measures as well as longer-term 'outcome' measures. They can be categorized as follows:

- *Individual employee health measures*: numbers who stopped smoking, changes in cholesterol levels, total weight lost, participation in individual wellness programs/activities, etc.;

- *Aggregate workplace safety/health measures*: WCB costs, absenteeism trends, lost time injuries, short term disability claims, employee satisfaction, etc.;

- *Measures of workplace performance*: costs, productivity, customer satisfaction, employee turnover, grievances, arbitrations, etc.

The individual measures under each of the above three headings warrant commentary from a number of perspectives, as follows:

- *Individual employee health measures*

Most of the larger workplaces surveyed the participants in their wellness programs and monitored program statistics such as weight lost, numbers who stopped smoking, etc. Because the smallest workplaces had the least formal programs, they also followed up least formally on individual employee participation or progress.

Several workplaces began their programs with an initial workplace health audit or health risk appraisal of participating employees. This not only helped pinpoint particular workplace health needs, but it was explicitly designed to provide a baseline against which subsequent post-intervention comparisons could be made. As an eventual assessment tool, this would prove very valuable, and its introduction showed significant foresight. These workplaces included *Dofasco Inc., Seven Oaks General Hospital, and City of Regina Transit Department.*

Two workplaces (*Seven Oaks General Hospital and Moose Jaw-Thunder Creek Health District*) had plans to develop a more sophisticated evaluation process in which the health

changes of participants would be compared over time to those of non-participants. These plans would require time and resources to carry out, as well as an extensive interest in the impacts of the programs on employee health. It may not be coincidental that both these workplaces are in the health care sector.

- *Aggregate workplace safety/health measures*

There was very strong consistency across all the featured workplaces in terms of the array of aggregate measures they used to monitor workplace safety and health. Virtually all workplaces monitored absenteeism data, WCB costs, sick leave days and absenteeism rates. In addition, the majority of the largest workplaces conducted employee surveys which probed satisfaction levels, morale, etc.

Smaller workplaces conducted fewer formal survey-based assessments of employee satisfaction, possibly because more informal means of assessing employee mood were available due to their small size.

- *Measures of workplace performance*

Arguably, the record of the studied workplaces was least consistent in the area of measuring the links between workplace health and workplace performance. Several, in fact, had not yet devoted significant attention to examining their initiatives' impact on overall performance. For the others, the measures used were relatively few and often fairly rudimentary.

The most consistently used indicator of the workplace health/workplace performance link was employee turnover rates. This easy-to-calculate measure was used by workplaces of all sizes, but particularly by the smallest ones. These workplaces could point to their low turnover rates and comment on the contribution of workplace wellness activities in making them an employer of choice with very low direct recruitment costs.

Beyond this measure, however, there was considerable variety in the approaches of the various workplaces, which included the following:

- Several workplaces valued external comparisons for evidence of the overall excellence of their workplace, which they used to help justify their emphasis on workplace health initiatives. Thus:
    - *American Express Canada*, for example, sought to be recognized by the *Report on Business* Magazine among the "Top 25 Employers in Canada".
    - *Vancouver International Airport Authority* valued a high ranking in an IATA survey of overall passenger satisfaction;
    - *Dofasco Inc.* valued a high ranking by external agencies measuring customer satisfaction;
    - *Rideau Construction* Inc. valued a high ranking among Atlantic employers by *Atlantic Progress* magazine;

- *QLT Inc.* was cited in December 2001 among the 50 best companies to work for in Canada, and in January 2002 ranked as the 6th best BC employer, according to BC Business Magazine.

- Several workplaces looked directly at cost, productivity or profitability trends as a backdrop to assessing their workplace health programs. They noted that while many factors affected these measures, in their view their wellness initiatives made an important positive contribution to their success. *Dofasco Inc., Irving Paper Ltd., American Express Canada, Vancouver Shipyards,* and *Petro-Canada Burrard Products Terminal* were among these.

- One workplace, *Moose Jaw-Thunder Creek Health District,* conducted direct surveys of clients (patients), reflecting its stated belief in the direct link between employee satisfaction and patient satisfaction.

- One workplace, *Irving Paper Ltd.*, assessed the value of its safety and health initiatives in terms of changes in its grievance and arbitration costs. A second workplace, *Petro-Canada Burrard Products Terminal*, also monitored grievances in this context.

What Impacts Did These Measures Demonstrate?

Workplaces acknowledged the great difficulty in causally linking workplace health initiatives with specific outcomes in terms of employee health or, in particular, workplace performance. Nevertheless, all the studied workplaces were convinced of the value of their initiatives, and that 'workplace health pays.'

Table 4 summarizes the measured impacts of workplace health initiatives cited by the studied workplaces. It is evident from the table that while some measures such as WCB costs and absenteeism data were used almost universally across the featured workplaces, others such as turnover rates or employee satisfaction scores were used less frequently.

It is also apparent from the table that the smallest workplaces used the fewest formal measures to outline the impact of their wellness programs on organization performance. In these cases, it is apparent that the smaller workplaces lack both the resources and the need to gather such formal statistics. (Being small, they are able to calculate turnover rates, for example, by simply remembering who left and joined the firm over the past several years.)

Most workplaces could point to improvements in *individual employee health measures* and *aggregate workplace safety and health measures*, described above, over the course of developing and implementing their workplace health initiatives. Thus, for example, many workplaces demonstrated the significant declines in WCB and absenteeism costs that had occurred in parallel with their workplace health initiatives, and drew a relationship between them. Of course, not all of these measures showed positive trends in every workplace, and exceptions were being investigated further within the workplaces themselves.

In using *measures of workplace performance* to demonstrate the impact of workplace health on 'the bottom line', the workplaces were hampered by the number of conflicting factors that could interfere with this relationship. Nevertheless, representatives of virtually every workplace could point to work performance impacts which, in their view, were enhanced by their workplace health initiatives. As noted, many of these indicators were internal (costs, productivity), while some were external (recognition for excellence by other organizations). Many were formal (employee satisfaction surveys) while some were informal (turnover calculations in small firms).

Table 4 – Selected Workplace Health Impacts
(Workplaces listed in declining order of size)

Organization and Number of Employees	Individual employee health measures/indicators	Aggregate workplace safety/health measures/indicators	Measures/indicators of workplace performance
Dofasco Inc. (7,300)	-Between 1993 and 1998, number of overweight employees declined by 5%; number of smokers declined by 5%; number of obese employees increased by 5%	-Between 1991 and 2001, lost time injury rates fell by 66% ; -between 1995 and 2001, WSIB premium rates fell by 63%; -between 1991 and 2001, rate of non-occupational musculoskeletal injuries fell by 70%	-External study concluded that H&S focus and team-based work organization contributed to an improvement in business metrics
American Express Canada (3,700)	-20% of employees participated in one or more fitness activities; -increases in use of massage therapy, physiotherapy, medical services	-Employee satisfaction rates increased from 1998 to 2000, and stood well above industry and cross-company averages	-Company ranked as one of the 'Top 25 to work for' in Canada; -between 1998 and 2000, attrition rates fell from industry average (40%) to 23%
Moose Jaw -Thunder Creek Health District (1,500)	-Participant surveys show 70% feel Wellness Program will improve morale; -plans to compare 100 participants to 100 non-participants	-Sick days lower in 2001 than in 1997-1998; -accident rates declined between 1997-1998 and 2000-2001 - 57% of employees rate employer as 'above average' or 'one of the best' places to work	-Survey of patients rate overall satisfaction with services at 95%
Seven Oaks General Hospital (1,365)	-Health Risk Appraisal (baseline measures) at start of program; -records of employee participation in programs; -plans to compare participants to non-participants	-Employee survey; plans to gather WCB data, absenteeism data	-Plans to gather data on employee retention rates
Irving Paper Ltd. (375)	-40 of 48 smoking cessation program participants successfully stopped smoking; -113 out of 375 employees have had cholesterol, etc. checks	-Employee satisfaction surveys; -between 1995 and 2000, short term disability costs fell by over 50%; total cumulative savings on short term disability costs were $800,000 -WCB monthly costs fell by 60%	-Anecdotal reports of improved job satisfaction, morale, increased sense of control over work and working conditions; -between 1992 and 2000, number of grievances fell from 50 per year to 11 per year; number of arbitrations fell from 3 per year to fewer than 1 per year

QLT Inc. (300)	-About 50% of employees use on-site gym and fitness facility	-The number of WCB claims is minimal; -no lost time injuries in 2002	-Employee turnover rate is negligible; -firm ranked in top 50 Canadian employers in December 2001, and as 6th best BC employer in January 2002
Vancouver Shipyards (300)	-200 employees have used on-site gym and fitness facility	-Between 1998 and 2001, 70% reduction in WCB disability claims; -H&S audits show increase in compliance scores from 56% to 72%	-WCB claims costs reduced from $2.2 million in 1998 to $500,000 in 2001; -the firm's WCB rating assessment (used to determine premiums) declined by 60% between 1999 and 2001
Vancouver International Airport Authority (300)	-50% of staff are registered in wellness programs	-In 'Climate Survey' of employees in 2000, 75% felt employer was doing a 'very good job' on H&S; -lost time accidents and days lost generally lower than in early 1990s; -hours lost through disability reduced by 42% between 1999 and 2001	-In 2000 IATA survey, Vancouver International Airport Authority ranked as best North American airport for passenger satisfaction
City of Regina Transit Department (220)	-30 employees per week in blood pressure clinics; -167 employees participated in baseline physical assessment and follow-up which indicated little change in strength, endurance, flexibility, etc. -close to full employee participation in 'Transfit Days'	-Time lost through WCB injuries fell from 597 days in 1993 to 337 days in 2000, translating into $500,000 savings; -sick days and injury incidence generally stable from 1992 to 2000; -anecdotal reports of altered lifestyles	-Program being replicated in other municipal departments
Petro Canada Burrard Products Terminal (120)		-Between 1997 and 2001, no lost time due to injuries	-Consistent reduction in unit costs over last 6 years; -turnover rate almost nil; -between 1993 and 1996, 6 grievances filed; none since
Rideau Construction Inc. (54)		-Consistent decline in WCB premium costs, 1994-1999 (overall premium rate increase since)	-Low turnover; loses one employee per year, on average -ranked as the best company to work for in Atlantic Canada in 2000 (and runner-up in 2001)
Pazmac Enterprises Ltd. (30)	-70% of staff participate weekly with personal trainers; -anecdotal reference to greater alertness on job, better health	-Average of only 0.1 sick leave days per employee per year; -WCB assessment rate reduced from 2.83% in 1996 to 2.60% in 2001	-Turnover rate almost nil (only 3 employees have left voluntarily in the last 5 years)

The studied workplaces continued with their workplace health initiatives because they were convinced of their value to their organization, as demonstrated by the positive impacts conveyed through this wide variety of indicators. Moreover, it is significant to note that workplaces appeared comfortable with the impact measures they had developed. Few were investing large amounts of resources in perfecting more accurate measures which would prove unquestionably the link between workplace wellness and workplace performance.

This approach appeared to reflect two main arguments. First, the workplaces agreed that definitive indicators of such relationships were virtually impossible to produce at a reasonable cost. Second, for the most part, managers in the studied workplaces saw an emphasis on workplace health as 'the right thing to do', and as a result appeared to be satisfied with broad indicators of the impact of workplace wellness on employee health and workplace performance. Expressed in other terms, it appeared that the 'business case' for workplace health had been sufficiently made, in their minds, and did not need to be constantly (and expensively) re-proven.

Were There Unanticipated Impacts?

Somewhat to the surprise of the workplaces, the wellness programs often produced unanticipated impacts which were usually, but not always, positive. Furthermore, these impacts were often described anecdotally, which made them more difficult to assess in overall terms. Nevertheless, there was sufficient consistency among many workplaces that the significance of these should not be ignored. Three features of these unanticipated impacts stood out, as follows:

1. *Employee Self Improvement and Development*

   In several workplaces both management and employee representatives expressed their view that the workplace health initiatives had enhanced the self-confidence or self-worth of those employees who were involved in developing the initiatives themselves. At *Irving Paper*, for instance, one employee talked about "developing leaders among the participants", suggesting that "people on committees develop self-worth that carries through to the rest of their lives." Similar statements emerged from *Dofasco Inc.*

2. *Improved Morale and Loyalty*

   A number of personal commentaries reflected the view that the workplace health initiatives had contributed to improved workplace morale, greater company loyalty, and stronger social relationships among workers, even away from work. Interviews in *Vancouver International Airport Authority, Seven Oaks General Hospital,* and *Moose Jaw-Thunder Creek Health District* reflected these views.

3. *Pride in the Workplace*

   Interviews in *Vancouver Shipyards, Petro-Canada Burrard Products Terminal, and QLT Inc.,* suggested a link between workplace health initiatives and employees'

willingness to volunteer within the community. This preparedness to contribute to the community at large was seen as fostered and supported by employees' pride in their workplaces.

As noted, however, some unintended impacts were not positive. One commonly expressed concern, for example, was that for various reasons, some employees had better access to the workplace health programs and facilities than others – a fact which created bad feelings among some workers. At the multi-site *Moose Jaw-Thunder Creek Health District*, for example, employees at more distant sites complained of having to travel to use facilities or programs. At several workplaces, shift work employees noted that they had more difficulty accessing programs and facilities than their colleagues who were not on shift. Workers at *Moose Jaw-Thunder Creek Health District, Seven Oaks General Hospital,* and *Petro-Canada Burrard Products Terminal* were among those sharing this concern.

Finally, many management representatives interviewed commented on the enormous amount of time required to successfully mount, communicate and maintain their workplace health initiatives. These concerns were voiced particularly strongly at *Irving Paper Ltd., Vancouver International Airport Authority,* and *Seven Oaks General Hospital.*

VII. What Did We Learn From the Cases About the Process of Setting Up These Initiatives?

In brief, the case studies demonstrated that, with respect to healthy workplace activities:

- The commitment and involvement of the organization's senior leadership is crucial to the success of the workplace health initiatives;
- The process by which the workplace health initiatives are introduced has a very important influence on their success;
- The most effective initiatives are ones which are planned, monitored, and evaluated;
- The size of the organization affects the nature of the initiatives introduced, as well as their breadth and formality;
- Measurement of the impacts of the initiatives on employee health and workplace performance is a key feature of successful approaches to workplace health.

The diversity of the cases also demonstrated that wellness and lifestyle programs can be introduced into any and all industry sectors. They are not the preserve of only office settings or 'knowledge-based' workplaces or other low-risk occupations. Indeed, our analysis has shown that some of the most innovative and effective programs can be found in sectors such as manufacturing/processing, where the work is often physically demanding.

Each of the above main conclusions is discussed and elaborated upon, below.

a) Senior Leadership Involvement Is Critical

Leadership matters, enormously. Without exception, the featured workplaces were characterized by a strong leadership presence and explicit support for the workplace health initiatives. The studies showed very clearly that the proactive and visible commitment of

senior management to a healthy workplace is absolutely critical to the success of a health, safety and wellness program. There are several reasons why leadership is so critical, as follows:

1. Leadership involvement legitimizes safety and wellness practices

Leadership support sends a signal to middle-level managers and employees to take safety and wellness seriously in their daily activity. It makes it legitimate for employees to work safely, to take care of their health above all else, to expect the same of their co-workers, and to draw attention to instances where these expectations are not met. It also indicates that managers will be held accountable for the safety and wellness performance of their departments. In many of the workplaces studied, senior management set an example through its active and enthusiastic participation in the wellness opportunities and initiatives present in the workplace.

As one middle-level manager noted,

> "The major key to its [healthy workplace program] ongoing survival has been the senior management support. And my experience in other organizations is that, if you work it from the bottom up, it isn't going to last. If it is being promoted and supported from the top down, then people trust and believe that it's OK to adopt those [health and wellness] practices."

An employee pointed out,

> "Your boss can't get in your face about it...when it's being supported from a level of the Vice President of Manufacturing's calibre."

Examples of active leadership involvement were plentiful. For example:

- At *American Express Canada*, senior management were active users of the fitness centre and its facilities, and participated actively and visibly in the company's various fitness events;
- At all three smaller workplaces, *Pazmac Enterprises Ltd.*, *Petro-Canada Burrard Products Terminal*, and *Rideau Construction Inc.*, the personal style and interests of senior managers/owners could directly influence the workplace 'culture', because of the organization's small size. At all three companies, the openness of leaders to advice and communication, and the structures put in place to foster this, had the effect of reducing stress and increasing employees' feeling of control over their work environment. *Pazmac Enterprises Ltd.* was able to supplement this with a very strong fitness emphasis, which again reflected the personal values of its owner.
- At *Seven Oaks General Hospital*, the Directors of both departments participating in the wellness initiative were actively involved with the programs. In addition, leadership from other departments not yet involved in the initiative were also engaged, to set the stage for eventual expansion of the program to these other departments.

- At *QLT Inc.*, the values of its founding CEO and her interest in the health of the firm's employees and the community set the pattern for the firm's subsequent focus on wellness.

2. *Leadership involvement usually aligns safety and wellness with the organization's strategic objectives*

In virtually every studied workplace, there was an explicit link between safety, health and wellness and the organization's strategic objectives. This took several forms:

(a) Vision and Mission Statements put employees at the centre of the organization's business strategy

It is significant that in virtually every workplace studied, a Vision or Mission Statement made explicit reference to the importance of employees, and their health and safety. This was true whether the workplaces were large or small, public or private sector, manufacturing/processing or white-collar in nature. It is also important to note that in these workplaces, it appeared to researchers that management was indeed 'walking the talk', and that the Vision or Mission statements were reflected in action.

In several workplaces, *Irving Paper Ltd.*, *Dofasco Inc.*, and *Vancouver International Airport Authority*, the company used a 'balanced scorecard' approach which placed health and safety as a key element of the 'internal business' component of the scorecard. In other workplaces, including *Moose Jaw-Thunder Creek Health District*, *Seven Oaks General Hospital*, and *American Express Canada*, leaders drew a direct and explicit link between client/customer/patient satisfaction and employee satisfaction. (In this case, it is noteworthy that all three of these workplaces were service-oriented, and two were in the health sector.) At *Rideau Construction Inc.*, whose stated strategy was to generate repeat business, the role of its people in building long-term client relationships was absolutely central.

(b) Managers' compensation often included a component reflecting safety and health performance

Some although by no means all of the studied workplaces explicitly sought to include in their managers' compensation packages a component which reflected the safety and health record in his/her department. Specific packages took different forms, some affecting salary, others affecting bonuses. These workplaces tended to be among those with the most formal corporate human resources management structures, and included *Vancouver International Airport Authority*, *Irving Paper Ltd.*, *Dofasco Inc.*, and *Petro-Canada Burrard Products Terminal*.

(c) Visible accountability of senior managers for safety and wellness programs

In various ways, workplaces made a specific senior executive or group of executives accountable for health, safety and wellness initiatives, and communicated this responsibility. This 'personalized' the responsibility by making it highly visible, both for the executives

themselves, but also for the employees. In some cases, as noted, executive compensation in part reflected performance in this area.

The specific means by which accountability was demonstrated varied among workplaces. In some of the largest workplaces with the most formal structures, the Human Resources Vice President was often responsible for the programs. In others, senior Vice Presidents or even CEOs chaired or sat on wellness committees. In yet others, committees of senior executives decided on the resources to be allocated to wellness activities, usually directly on the advice of a joint management/labour wellness committee. In the smallest workplaces where there were no formal wellness committees, senior management was more broadly accountable for the success of the business and for responding to employee advice and commentary on how to maintain this success.

3. *Senior management commitment was reflected in resources available for the workplace health, safety and wellness initiatives*

It was evident in all cases that sustainable workplace health and wellness initiatives could not be developed or maintained without resources. This in turn depended on the perceived value of these initiatives to the organization, or on the strength of the 'business case' for continued investment in them. In virtually all the workplaces studied, senior managers remained strongly persuaded of the value of the initiatives, and made available the resources needed to maintain and develop them.

These resources took many forms, in varying combinations, depending on the workplace. These included:

- Direct investment in physical fitness centres, equipment, and in the operating costs of these facilities, or costs of subsidizing memberships in off-site centers, etc.;
- Salary of staff directly associated with wellness programs, including occupational health nurses (many of whom ran the programs), kinesiologists and personal trainers (who delivered aspects of the programs);
- Direct program operating costs, including information brochures and materials, speakers' costs;
- Monitoring, evaluation and participant survey costs;
- Indirect salary costs of holding health/safety/wellness committee or team meetings, or allowing volunteer activities, on company time.

b) Employee Participation is Essential

Overall Employee Involvement

While top management support is critical to the success of a healthy workplace program, equally important is the involvement of employees and unions, where they are present, in various aspects of the decision-making around workplace health. In all of the organizations studied, such involvement was a critical dimension of the wellness initiatives. This involvement took a number of forms, in areas such as:

- Identification of the need for particular safety/wellness initiatives;
- Design and implementation of the initiatives, as well as feedback and monitoring;
- Direct participation in delivering specific programs.

When employees have input into the decision-making about healthy workplace programs, and when they are adequately informed of what is being offered, not only does the take-up tend to increase, but the take-up increases among all employee groups. Thus, the wellness programs in the organizations studied, for the most part, do not reach only those who would participate in a fitness or wellness program regardless of whether the organization offered it. Rather, in many cases they appear to be reaching a broader audience which includes those who may have never before considered participating in such programs.

1. *Identification of the need for particular safety/wellness initiatives*

Several workplaces actively sought employee input into wellness initiatives through formal needs identification surveys and/or focus groups. This ensured that the array of initiatives was appropriate for the workplace, and maximized the likelihood of employee participation and program success. Among those workplaces with the most formal needs identification processes were *Moose Jaw-Thunder Creek Health District, Vancouver International Airport Authority, American Express Canada, Seven Oaks General Hospital, City of Regina Transit Department* and *Dofasco Inc.* It is notable that the latter three workplaces each included a formal health audit, health assessment or health risk appraisal as a first step in their program development process. *QLT Inc.* used a highly developed internal electronic communications system to sound out its employees on proposed wellness initiatives.

Several workplaces supplemented this focus on the needs of their own workplace by 'doing their homework' and looking at programs and initiatives at other workplaces. Thus, for example:

- *Vancouver International Airport Authority* members actively reviewed the literature on best workplace practices before designing their own approaches;

- *Irving Paper Ltd.* used 'benchmarking' trips of joint management/labour teams to look at what selected workplaces across North America were doing in terms of health and safety;

- At *Seven Oaks General Hospital*, the wellness program was modeled on American approaches which were thoroughly researched before the program was designed.

2. *Design and implementation of the initiatives, as well as feedback and monitoring*

Most workplaces actively involved employees, along with management representatives, in the design and implementation of the workplace's wellness initiatives. Typically, this was done through a quite formal committee system. In many workplaces, a Wellness Committee had been established, consisting of both management and employee representatives. In unionized workplaces, the union's formal role in selecting employee representatives varied.

In some cases formal union representatives were appointed, while in other instances unions did not seek formal representation on the committee, although some committee members were union members. In selecting the employee representatives of committees, therefore, one important criterion appears to have been the employees' interest in wellness issues.

Wellness committees tend to be advisory in nature, making recommendations for program expenditures to more senior management committees or individual managers.

The specific organization of the design/implementation processes depends directly on the size, history and makeup of the organization. Two examples illustrate the wide variety of processes involved in program design and implementation, as follows:

As a very large workplace, *Dofasco Inc.* has developed a highly structured system of committees, paid staff and volunteers to implement and manage its wellness initiatives. Key features of its system are the following:

Committees:

- The final decision-making body in the area of health, safety and lifestyles is the Health and Safety Council, a senior management group chaired by the Vice President of Manufacturing, which reports to Team Hamilton, a committee comprised of all Dofasco's vice presidents and other key senior management.

- A number of joint health and safety committees in various areas (e.g. electrical standards, combustion and instrumentation standards, etc.) report to the Health and Safety Council. One of these is the Lifestyle Resource Group, whose role is to communicate wellness activity information to each business unit. This group consists of 35 volunteer representatives from the company's 13 business units.

Staff:

- The lifestyle program has a paid staff of two, plus a team leader. This supports the Lifestyle Resource Group, and its resources come from the Medical Services Department.

- The Health, Safety and Loss Prevention Department, headed by a general manager, is the major administrative structure on health and safety. Each of the company's business units, in addition, appoints a full-time health and safety co-ordinator on a three-year rotating basis.

As a medium-sized workplace, *Irving Paper Ltd.* has put in place a less complex system, as follows:

Committees:

- A joint Wellness Committee is one of five joint committees established in the human resources area. The Wellness Committee has formal union representation and may

strike subcommittees on specific issues. The Committee plans yearly activities, identifies potential new initiatives (often using joint benchmarking visits, described above), monitors and evaluates initiatives, and makes recommendations for new/changed initiatives to the Joint Occupational Health and Safety Committee. Final decisions rest with the plant manager.

Staff:

- The on-site Health Services Department is staffed by a full-time occupational health nurse who conducts on-site blood pressure, glucose, and other physical tests upon request, and maintains a library and resource centre.

3. *Direct participation in delivering specific programs.*

In only a minority of workplaces did employees become involved, as volunteers, in delivering specific programs to their fellow workers. At *American Express Canada*, some employees are voluntary fitness instructors at the on-site fitness facility. At *Dofasco Inc.*, an example was highlighted in which an employee, a licensed yoga instructor, teaches yoga to fellow workers. At *QLT Inc.*, employees took the lead in promoting and assembling a wide variety of sports teams, which were then supported by the company.

The ability of employees to provide this sort of voluntary instruction is clearly related to the availability of on-site facilities where such instruction can be provided.

Union Involvement in Workplace Health Initiatives

In all unionized workplaces, the union strongly supported the workplace health initiatives, and without such support it is unlikely the initiatives would have achieved the success they experienced. However, there was no single 'model' of union involvement with governance and decision-making regarding workplace health initiatives. Rather, the mechanics of such involvement likely reflected the nature of labour-management relations in each workplace, and the history of the workplace health initiatives.

In several workplaces, for example, unions were involved in joint wellness and other committees through formal nomination of union members of such committees. This was particularly the case at *Irving Paper Ltd.* and *City of Regina Transit Department.* Such formal union participation, however, was not universal; in other workplaces unionized employees participated in such committees not because they had been nominated by the union but because of their interest in workplace health. Such informal union participation occurred at *Petro-Canada Burrard Products Terminal, Seven Oaks General Hospital,* and *Moose Jaw-Thunder Creek Health District.* At *Vancouver International Airport Authority,* employee participation in the Wellness Committee in fact reflected a mix of union-nominated representatives and other self-nominated employee members, who were also union members.

c) Workplace Size is Important

Not unexpectedly, the studies show that there are many more wellness programs, and a broader range of programs, in the larger firms studied. There is as well a more formal approach to program planning and communicating the availability of specific initiatives, and a more formal structure for measuring impacts.

None of these characteristics of larger workplaces should be surprising. In general, their size brings with it a need for organization and structure, and for the devotion of significant resources in the areas of communications and formal impact measurement. Thus:

- Where a small business owner can talk directly to employees to find out what they think, a large firm may need a survey or focus groups;
- Where a small firm owner can calculate employee turnover rates easily because he/she knows by name those who have left and joined the organization, a manager in a large firm will have to consult a staffing database;
- Where a large firm has a Workplace Wellness Program and perhaps a Health Services Department, a small firm may not use the term 'wellness' at all, and may not be able to readily quantify the staff or financial resources devoted specifically to workplace health.

Larger organizations provided several useful examples of strategies for implementing workplace health initiatives – strategies not relevant in a small-organization context. Both *City of Regina Transit Department* and *Seven Oaks General Hospital*, for example, introduced their wellness activities by piloting them in one or two departments with a view to rolling them out to other departments once initial difficulties had been worked out. These provide helpful guides to other larger organizations.

In contrast, in the small workplaces studied, the common characteristic was quite clearly the quality and 'enlightened management style' of the firms' senior managers and owners. It was 'management excellence' rather than 'wellness program excellence'. Almost instinctively, the leaders in these workplaces understood the importance of communication, worker control over the work environment, work-life balance, and 'fairness' in the workplaces they created and managed. They were rewarded with high levels of employee loyalty, low recruitment/replacement costs, and the high productivity that will come with a highly experienced team. With these in place, there may simply have been less need to devote resources to formal 'wellness' programs. The lesson from the smaller workplaces, then, is to reinforce the earlier conclusion that 'leadership matters'.

While these are almost self-evident differences between the approaches of large and small firms to workplace health, they raise a series of fundamental questions for those wishing to promote workplace health more broadly within Canadian organizations. These include the following:

- Since 98% of all Canadian employers have fewer than 100 employees, and 87% fewer than 20 employees, is the concept of 'workplace health and wellness' in fact understood and used by more than a small fraction of Canadian employers?

- Even if all firms with over 100 employees were persuaded to introduce comprehensive workplace health programs, what level of 'success' would this represent in efforts to promote such programs?

- What priority must be given to promoting 'workplace health' perhaps using a different vocabulary or terminology, to small and medium-sized Canadian workplaces?

In response to these questions, part of the answer may reflect the small firms' practices, which were focused on overall management excellence rather than on 'wellness excellence'.

VIII. How Can Workplace Health Initiatives be Sustained?

When commenting on the future of wellness initiatives in their workplace, many respondents pointed out two characteristics of these programs, i.e.:

- It takes time to produce identifiable results from wellness initiatives; and

- Resources for maintaining or further developing wellness initiatives were constantly under pressure. (These included both financial and volunteer human resources, the latter risking burn-out from too intensive use.)

These two points are clearly related; senior management impatient for results may deprive initiatives of resources prematurely and kill them.

Strategies for sustainability, therefore, were predictable:

- Remain responsive both to employees' program needs and managers' information needs, in order to justify continuing the initiatives;
- Continuously identify and develop new volunteers and committee members, in order to spread the wellness programs workload and to have experienced individuals who can eventually assume greater responsibilities;
- Where appropriate, seek to spread the initiative to more departments within the organization.

Conclusion

Statistically watertight conclusions cannot be drawn from this small sample of very different workplaces, nor was it the CLBC's intention to do so. Rather, the CLBC sought to explore and document the form which workplace health initiatives took in vastly different types of workplaces, and derive common features of these.

Despite the variety of workplaces studied, and the variety of workplace health practices explored, a number of conclusions have emerged that are marked in their similarity. They are as follows.

1. In the view of the studied workplaces, workplace health pays. All the workplaces pointed to benefits, either in terms of employee health indicators ('human' goals) or in terms of workplace performance and 'bottom line' indicators (business or financial goals). While the indicators varied in terms of their focus and formality, they were sufficient to convince the workplaces to continue with their workplace health activities.

2. Workplace health need not be the exclusive preserve of large organizations. While such organizations tend to have the most formal set of programs, initiatives, and evaluation methods, smaller organizations can address workplace health initiatives by ensuring that the workplace 'culture' is supportive and 'healthy'. Here, in fact, small firms may have an advantage; in such firms, enlightened leadership may be in a better position to establish, usually by example, such a workplace culture. Our cases included examples of smaller workplaces which successfully created this culture but did not express it in terms of 'workplace health'.

3. Workplace health must be an integral part of the organization's business strategy, rather than a 'nice-to-have' add-on. This begins with the crucial role of leadership in expressing this priority, and frequently involves the establishment of a framework through which managers and employees are accountable for meeting workplace health objectives as well as other business objectives. In larger organizations, it is usually supported by an orderly system of committees, volunteers, and paid staff. It becomes a 'way of doing business'.

4. Employee participation, with the involvement of unions, if present, is critical, but employees are much more than 'program participants'. Employees must first 'buy into' and support the workplace health culture within which individual initiatives are put forward. From a social or psychological point of view, they must have the capacity to influence how they do their work, and how they balance work and family. In narrower program terms, they must also be involved in the initial identification of workplace health needs, the design of initiatives and programs, and the ongoing conduct and monitoring of these programs and their impact.

5. Impacts take time to be seen and recorded. Most of the workplaces studied in the CLBC series had been active in workplace health for long enough to amass varying sets of data on impacts of the initiatives on employee health or workplace performance. Several, however, had only recently begun their initiatives and, apart from some anecdotal feedback (which in itself was important and reassuring), had not yet been able to gather the quantitative impact information they would eventually need. In these workplaces, patience was required to allow the impacts to be recorded and assessed.

6. Monitoring and measurement of impact is critical to the sustainability of the initiatives, and all the studied workplaces monitored impacts on employee health and/or workplace performance. Yet the issue remains of how strongly workplace health can be linked to other measures of workplace performance, and which way the causality runs (i.e. Is it only successful organizations that can afford the luxury of

workplace health initiatives?). Nevertheless, all the studied workplaces pointed to particular indicators as evidence that they were on the right path. For several, of course, workplace health was simply 'the right thing to do.'

7. It was clear that there is not an absolute standard, or requirement, on what constitutes 'acceptable' impact indicators. The research documented a wide variety of impact indicators, which ranged from formal health audits and employee surveys to back-of-the-envelope assessments of employee turnover. Some of these, from an external perspective, appeared more robust than others. However, the important criterion is not whether the preconceptions of a researcher were met, but whether the organizations themselves found these indicators sufficiently convincing to justify the continued investment in workplace wellness.

8. While the sample of public sector workplaces was limited, it did not appear that the workplace health issues facing them, or their responses, differed markedly from those of private sector organizations. Not surprisingly, public and private sector organizations differed most in the array of workplace performance indicators at their disposal in assessing the impacts of their initiatives. Less able than their private sector counterparts to monitor costs, productivity or profitability, public sector workplaces instead relied more on client satisfaction indicators. The issue of assessing the workplace performance impact of their initiatives remains a particular challenge for public sector organizations.

9. In a real sense, workplace health constituted only one dimension on which the excellence of the studied organizations might be assessed. In the final analysis, all the organizations studied conveyed an impression of being well-run – an impression which would likely hold whether viewed through the lens of workplace health or from some other perspective. The researchers concluded that workplace health and good overall management are essentially inseparable.

Centre syndical et patronal du Canada
Canadian Labour and Business Centre

Douze études de cas sur des initiatives novatrices de santé en milieu de travail

Sommaire des conclusions clés

Novembre, 2002

SOMMAIRE

Introduction

À titre d'organisme syndical-patronal mixte, le Centre syndical et patronal du Canada (CSPC) reconnaît que la sécurité, la santé et le bien-être en milieu de travail représentent une contribution fondamentale aux objectifs et aux priorités des deux groupes. C'est pourquoi le CSPC a entrepris un projet afin de documenter et d'analyser les pratiques novatrices de santé au travail de douze organismes canadiens, de façon à pouvoir promouvoir plus largement la santé au travail auprès des milieux syndicaux et patronaux ainsi qu'à inciter d'autres lieux de travail à mettre en œuvre des initiatives similaires.

La recherche réalisée par le CSPC a focalisé les initiatives qui ont eu une incidence sur l'environnement matériel des milieux de travail (la sécurité, l'ergonomie, etc.); leurs pratiques de santé (qui appuient les modes de vie sains); ainsi que leurs ressources sociales et personnelles (la culture organisationnelle, le sens de la maîtrise de son travail, etc.). Les chercheurs ont exploré les motifs qui sous-tendent ces initiatives; le rôle de la direction ainsi que des travailleurs et des syndicats dans l'élaboration et le maintien des initiatives; le lien entre les initiatives et la « stratégie d'affaires » de l'organisation; et les incidences des initiatives sur la santé des employés et le rendement au travail.

La recherche a conclu, compte tenu des milieux de travail étudiés, que la santé au travail est rentable. Tous les milieux de travail ont fait ressortir les avantages, soit sous l'angle des indicateurs de la santé des employés ou du rendement au travail, soit des indicateurs du « bilan ». Bien que les indicateurs aient varié quant à leur accent et à leur formalité, ils ont permis de convaincre les milieux de travail de poursuivre leurs activités liées à la santé au travail.

Comme le PDG d'un lieu de travail du secteur de la santé l'a indiqué :

« Vous ne pouvez pas dissocier le bien-être du personnel de la satisfaction des clients ou des patients. »

I. Le processus relatif aux études de cas

Les organismes qui ont participé aux études étaient issus de six provinces; ils comptaient de 30 à 7 300 employés; reflétaient les secteurs public et privé, allant des hôpitaux aux aciéries; et comprenaient à la fois des milieux de travail syndiqués et non syndiqués. Cette variété délibérée correspondait à un objectif de l'étude, qui consistait à explorer la forme qu'ont prise les initiatives en matière de santé au travail dans des lieux de travail fort différents et à tâcher d'en tirer des caractéristiques communes. Les données ont été recueillies dans le cadre d'entrevues sur place ainsi que de l'examen des documents pertinents. À chaque emplacement, à la fois les gestionnaires et les représentants des syndicats et des travailleurs ont été interviewés.

II. Quelles initiatives en matière de santé au travail les organismes ont-ils mis en place?

De façon générale, les organismes visés par l'étude ont entrepris un vaste ensemble d'activités liées à la santé au travail.

Presque tous ces milieux, particulièrement ceux du secteur de la fabrication et de la transformation, avaient mis en place des ***initiatives en matière de santé et de sécurité traditionnelles et exigées par la loi***. De plus, dans la grande majorité des cas, les milieux de travail de tout genre ont porté une attention considérable aux questions ergonomiques de diverses sortes.

Presque tous les milieux de travail visés par l'étude avaient adopté des ***initiatives en vue d'améliorer la santé, le mode de vie et la condition physique des employés***. En effet, soit que chaque milieu de travail subventionnait l'adhésion de leurs employés à un gymnase ou à un centre de conditionnement physique de l'extérieur, soit qu'il offrait un centre sur place. Les milieux de travail les plus importants offraient le plus vaste éventail de programmes de santé et de bien-être. Il est évident que la petite taille de certaines entreprises limitait le nombre de participants éventuels à ces programmes, ce qui fait qu'il était difficile et coûteux pour elles de les organiser et de les maintenir.

Les organismes visés par l'étude s'étaient tous dotés de programmes particuliers, tels que d'aide aux employés et aux familles, afin d'***aider les employés à maîtriser leur stress***, à lutter contre la toxicomanie, à composer avec les conflits en milieu de travail, les difficultés familiales, etc. De nombreux organismes, toutefois, avaient fait encore davantage et avaient pris des mesures afin de neutraliser les sources de stress au travail sous forme d'initiatives qui visaient l'amélioration des communications bidirectionnelles, les horaires de travail souples, et la réactivité constante face aux questions qui touchent le moral des employés.

III. Pourquoi les organismes ont-ils mis en place des initiatives en matière de santé au travail?

Pour de nombreux organismes, les initiatives en matière de santé au travail avaient été adoptées en réponse à une crise ou autre. Selon la recherche, ces crises étaient liées, entre autres, aux finances, aux relations syndicales-patronales, au moral des travailleurs, à la sécurité et ces crises avaient fait en sorte que les intéressés ont reconnu qu'ils devaient fondamentalement changer leur attitude relative au mieux-être des travailleurs.

Dans d'autres cas, les programmes de mieux-être ont été conçus à dessein pour refléter le principe de direction de l'organisme. Dans ces cas, les propriétaires et les gestionnaires étaient d'avis que les initiatives en matière de santé au travail contribuaient à atteindre les objectifs d'affaires en instituant un milieu de travail favorable, en assurant la loyauté des employés, en accroissant la satisfaction des employés et leur maintien en poste, et en aidant à recruter des candidats qualifiés.

IV. Quelles incidences les initiatives ont-elles eues sur la santé des employés et le rendement au travail?

Tous les milieux de travail visés par l'étude avaient tâché de mesurer l'incidence de leurs initiatives en matière de santé au travail sur la santé des employés ou le rendement au travail. La majorité d'entre eux ont également reconnu qu'il était presque impossible d'établir un lien causal entre les incidences particulières sur les lieux de travail et les initiatives en matière de santé au travail données, parce qu'il y avait tout simplement trop de facteurs en cause. Néanmoins, tous les milieux de travail ont corrélé les tendances relatives à la santé au travail ou les indicateurs du rendement au travail avec l'élaboration et l'introduction d'initiatives en matière de santé au travail.

Quelles mesures ont été employées pour évaluer les incidences?

Les milieux de travail ont utilisé une vaste gamme de différentes mesures pour suivre et évaluer l'incidence de leurs initiatives en matière de santé au travail, à la fois sur la santé des employés et le rendement au travail. Les milieux de travail plus petits ont utilisé moins de mesures formelles. Les différentes catégories de mesures de l'incidence sont les suivantes :

- *Mesures individuelles de la santé des employés*

La majorité des grands milieux de travail ont sondé les participants quant à leurs programmes de mieux-être et ont tenu compte de statistiques liées aux programmes, telles que la perte de poids, le nombre de travailleurs qui avaient cessé de fumer, etc. Parce que les petits milieux de travail avaient les programmes les moins formels, ils ont également effectué un suivi moins formel de la participation ou du progrès des employés individuels. Plusieurs milieux de travail avaient amorcé leurs programmes par une vérification initiale de la santé au travail ou une évaluation des risques à la santé auprès des employés participants, ce qui a servi de point de repère aux fins de mesures ultérieures.

- *Mesures combinées de santé et de sécurité au travail*

Presque tous les milieux de travail ont examiné les données sur l'absentéisme, les coûts des indemnités pour accident du travail, les congés de maladie et les taux d'absentéisme. De plus, la majorité des milieux de travail plus importants ont mené des sondages auprès des employés en vue d'explorer les niveaux de satisfaction, le moral, etc. Les milieux de travail plus petits ont effectué moins d'évaluation formelle au moyen de sondages de la satisfaction des employés, peut-être parce qu'en raison de leur petite taille, des moyens plus informels s'offraient à eux en vue d'évaluer l'humeur des employés.

- *Mesures du rendement au travail*

On pourrait soutenir que le dossier des milieux de travail visés par l'étude était moins uniforme au chapitre de la mesure des liens entre la santé et le rendement au travail. En effet, plusieurs n'avaient pas consacré beaucoup de temps en vue d'examiner l'incidence

de leurs initiatives sur le rendement global. Chez d'autres, les mesures employées étaient relativement limitées et parfois plutôt rudimentaires.

L'indicateur le plus communément utilisé concernant le lien entre la santé et le rendement au travail était le taux de roulement du personnel. Outre cette mesure, de nombreux indicateurs différents ont été employés, y compris les tendances relatives aux coûts, à la productivité ou à la rentabilité; les sondages de la satisfaction des clients; ou les frais engagés dans les griefs et l'arbitrage. Plusieurs milieux de travail ont voulu savoir leur classement auprès de sources extérieures, telles que les palmarès des « 25 premières » entreprises, etc.

Que démontrent les incidences de ces mesures?

La majorité des milieux de travail ont relevé des améliorations dans *les mesures individuelles de la santé des employés* et *les mesures combinées de la sécurité et de la santé au travail*, décrites ci-dessus, dans le cadre de l'élaboration et de la mise en œuvre de leurs initiatives en matière de santé au travail. C'est pourquoi, par exemple, de nombreux milieux de travail ont observé une importante diminution des coûts liés aux indemnités pour accident du travail et à l'absentéisme, qui s'est produite en parallèle avec l'initiative en matière de santé au travail, et ont établi un lien entre celles-ci. Bien entendu, toutes les mesures n'ont pas montré des tendances favorables dans tous les milieux de travail, et les exceptions ont fait l'objet d'un examen ultérieur par les milieux de travail mêmes.

En employant les *mesures du rendement au travail* afin de montrer l'incidence de la santé au travail sur leur « bilan », les lieux de travail ont dû faire face à un nombre de facteurs conflictuels qui pouvaient entraver ce lien. Néanmoins, des représentants de presque tous les milieux de travail ont mentionné des incidences sur le rendement au travail qui, à leur avis, a été avantagé par leurs initiatives en matière de santé au travail. Tel qu'il a été indiqué, bon nombre de ces indicateurs étaient internes (les coûts, la productivité), tandis que d'autres étaient externes (la reconnaissance de leur excellence par d'autres organismes). De plus, bon nombre étaient formels (les sondages de la satisfaction des employés), tandis que d'autres étaient informels (le calcul du taux de roulement par les petites entreprises).

Les milieux de travail semblaient satisfaits des mesures qu'ils avaient élaborées. Peu faisaient d'importants investissements afin de parfaire les mesures pour qu'elles soient plus exactes, afin de pouvoir démontrer de façon incontestable le lien entre le mieux-être et le rendement au travail. Pour bon nombre, il semblait que la « rentabilisation » de la santé au travail avait été suffisamment démontrée, à leur avis, et qu'elle ne devait pas être constamment démontrée de nouveau (et à grands frais).

En plus des incidences prévues, les programmes de santé au travail produisaient souvent des incidences inattendues qui étaient habituellement favorables, bien que pas dans tous les cas. Dans plusieurs milieux de travail, par exemple, à la fois les représentants patronaux et syndicaux ont observé que les initiatives en matière de santé au travail avaient permis d'accroître la confiance ou l'estime personnelle des employés qui avaient

pris part à l'élaboration des initiatives mêmes. D'autres ont fait remarquer que les initiatives en matière de santé au travail avaient contribué à améliorer le moral sur les lieux de travail, à accroître la loyauté à l'égard de l'entreprise, et à tisser des liens sociaux plus étroits entre les travailleurs, même hors des lieux de travail.

D'ailleurs, plusieurs milieux de travail s'inquiétaient pour divers motifs que certains employés, comme ceux affectés aux quarts de nuit, éprouvaient plus de difficultés à accéder aux programmes de santé au travail et aux services que les autres. De nombreux représentants patronaux ont également commenté le temps considérable qu'il faut mettre afin d'offrir, de communiquer et de maintenir de façon réussie les initiatives en matière de santé au travail.

V. Quelles leçons avons-nous tirées des études de cas sur le processus de mise en place des initiatives?

a) *L'engagement de la haute direction est crucial*

Sans exception, les milieux de travail visés étaient caractérisés par une solide présence de la direction et un soutien explicite des initiatives en matière de santé au travail. La direction reconnaissait le bien-fondé des pratiques de sécurité et de mieux-être, alignait la sécurité et le mieux-être sur les objectifs stratégiques de l'organisme; et affectait des ressources suffisantes aux initiatives.

b) *L'engagement des employés est essentiel*

Dans toutes les organisations visées par l'étude, l'engagement des employés jouait un rôle critique dans la réussite des initiatives de mieux-être, surtout lorsque ces derniers prenaient part à la détermination des besoins touchant les initiatives particulières, à leur conception et mise en œuvre, et à la surveillance de leur incidence. Dans tous les milieux de travail syndiqués, l'appui du syndicat à l'égard des initiatives en matière de santé au travail était également essentiel, bien qu'il y ait eu des variantes dans la formalité avec laquelle les syndicats ont participé aux comités de mieux-être et d'autre nature.

c) *La taille du milieu de travail est importante*

De façon générale, les organismes de grande taille comportaient une organisation et une structure plus formelles et affectaient des ressources importantes aux secteurs de la communication et à la mesure formelle des incidences. Par contraste, dans les lieux de travail plus petits visés par l'étude, la caractéristique commune était le « style de gestion éclairée » qu'avaient adopté les cadres supérieurs et les propriétaires. Ce style accordait la priorité à la communication, à la maîtrise par les travailleurs de leur environnement de travail, à l'équilibre entre les responsabilités professionnelles et personnelles, et à « l'équité » sur les lieux de travail. Parce que ces caractéristiques étaient déjà en place, il se peut qu'on ait dû consacrer moins de ressources à des programmes officiels de « mieux-être ».

VI. Conclusion

Des conclusions statistiques définitives ne peuvent être tirées de ce petit échantillon de milieux de travail fort divergents, et ce n'était pas l'intention du CSPC de le faire. Néanmoins, les conclusions suivantes ont été tirées :

1. De l'avis des milieux de travail visés par l'étude, la santé au travail rapporte;

2. Il n'est pas nécessaire que la santé au travail soit la chasse gardée des grands organismes;

3. La santé au travail doit faire partie intégrante de la stratégie d'affaires de l'organisme, au lieu d'être perçue comme un complément utile;

4. La participation des employés, ainsi que l'engagement des syndicats, s'il y a lieu, est critique, mais les employés ne doivent pas seulement être perçus comme des « participants au programme »;

5. Il faut consacrer du temps pour observer et consigner les incidences;

6. Le suivi et la mesure des incidences sont essentiels à la durabilité des initiatives;

7. Il n'y a pas une norme ou une exigence absolue relative à ce qui constitue des indicateurs d'incidence « acceptables »;

8. Même s'il n'y avait pas une différence marquée entre les questions liées à la santé au travail auxquelles font face les milieux de travail des secteurs public et privé, ainsi que leurs réponses, une différence a été notée relativement à l'éventail des indicateurs de rendement au travail dont les milieux disposent en vue d'évaluer les incidences de leurs initiatives;

9. La santé au travail et la bonne gestion générale sont étroitement liées.